

<sup>1</sup>Indicate with an asterisk (\*) those brands that will not be sold in Alabama as of the date of certification.

**PART 3 – NON-PARTICIPATING MANUFACTURER CERTIFICATION****A. Registered Agent/Approved Agent for Service of Process**

Agent Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ FAX Number: (\_\_\_\_\_) \_\_\_\_\_

**NOTE: Telephone number and fax number must be Alabama numbers.**

E-mail Address: \_\_\_\_\_

Registered with the Secretary of State as a foreign corporation or business entity? ☐ Yes ☐ NoIf Yes, Date Registered: \_\_\_\_\_. Is the registration current as of the date of certification? ☐ Yes ☐ No**B. Qualified Escrow Fund – Financial Institution**

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Representative Name: \_\_\_\_\_ Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

Escrow Account Number: \_\_\_\_\_ State Account Number: \_\_\_\_\_

**C. Escrow Deposit/Withdrawal History for Alabama – Attach NPM Certificate of Escrow Deposit**

DATE	DEPOSIT	WITHDRAWAL <sup>2</sup>	BALANCE

*(Initial certification should include a complete history. Annual certifications thereafter should be for the applicable sales year.)***PART 4 – EXECUTION BY AUTHORIZED AGENT**

Under penalty of perjury, I state that the statements contained in this certification are true, correct and complete. This certificate is made to induce the State of Alabama to place the above-named manufacturer and its brand family on the Directory of Compliant Tobacco Products and Manufacturers in Alabama. I further certify that the above-named manufacturer is in full compliance with Title 6, Chapter 12, of the Alabama Code.

Name of Authorized Agent (Print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to before me on this date: \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_

Notary for the State of: \_\_\_\_\_ City or County of: \_\_\_\_\_

My Commission expires: \_\_\_\_\_

**Mail the completed TPM Certificate of Compliance to:** Alabama Department of Revenue  
Attn: Commissioner of Revenue  
P. O. Box 327555  
Montgomery, AL 36132

<sup>2</sup> Withdrawals must comply with Alabama Code §6-12-3. Verification of compliance must be provided.